

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 14, 2018

Ms. Marie Fortier, Manager
Fortier's Community Care Home
127 Bailey Street
Barre, VT 05641

Dear Ms. Fortier:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 16, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/16/2018
NAME OF PROVIDER OR SUPPLIER FORTIER'S COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 127 BAILEY STREET BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced relicensure survey and complaint investigation was conducted on 5/16/18 by the Division of Licensing and Protection. The following regulatory violations include findings from the survey and the complaint investigation:	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the Registered Nurse (RN) failed to assure that each resident's care plan addressed identified needs for 2 applicable residents. (Resident #1 & 2) Findings include: 1. Per record review, there was a failure to update Resident #1's care plan which had not been updated since 11/21/2015. The present care plan for Resident #1 did not reflect changes in the resident's mobility, issues with toileting and incontinence care and a recent history of falls with a noted unsteady gait. Resident #1 requires more assistance with personal hygiene and requires more cueing for activities of daily living. The care plan had not been updated by the RN to reflect the most recent additional assistance	R145	R145 Resident care and home services. Resident #1: Our RN has updated the care plan in place to reflect her current needs. A toileting schedule is in place. Staff will monitor the schedule. Resident #2's: PCP's have closely monitored her skin condition and a schedule of prescribed cream continues to be applied. Staff does watch the application of creams. RN has updated both care plans to reflect current health needs and status. RN will record a detail plan and will monitor all plans. Correction dated 6-1-18.	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Marie Fortier

Owner

6-4-18

STATE FORM

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If continuation sheet 1 of 8

R145 - R243 POC's accepted 6/11/18 Fmdtchrm/pmc

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R145	Continued From page 1 Resident #1 now required. The care plan would assist RCH (Residential Care Home) staff with directed interventions in assuring all the resident's care needs were met. 2. Per record review, Resident #2 has experienced issues related to skin rashes, has a history of falls, a failing memory and experienced a recent TIA (Transient Ischemic Attack). The present care plan dated 11/21/2015 fails to address safety precautions; skin care & monitoring for Resident #2. Per interview on 5/16/18 at 1:40 PM the owner/manager confirmed the RN has failed to update the care plans as required.	R145			
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c, Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the RCH failed to assure a physician's written and signed order was obtained for all medications administered to 2 applicable residents. (Residents #1 & #2) Findings include: 1. Per review of Medication Administration Record (MAR) and physician orders for Resident #1 the following medications did not have signed	R162			

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R162	Continued From page 2 physician orders: ASA 81 mg.; Calcium 600 mg.; Donepezil HCL 10 mg.; Levothyroxine 100 mcg; Vitamin C 500 mg.; Vitamin E 400 IU; Simvastatin 40 mg; Rānitidine HCL 150 mg and Potassium Chloride 10 meq. x 3 in AM. 2. Per review of MAR for Resident #2 and physician orders the following medications did not have signed MD orders to include: ASA 81 mg.; * Dysco -500 mg/Oster shell calcium; Sertraline 50 mg.; Vitamin D3 1000 IU; and Simvastatin 40 mg. xx During interview on the afternoon of 5/16/18 the owner/manager was unable to find evidence of physician orders for the above mentioned medications for both Residents #1 and #2.	R162	R162 Medication Management: Having time to review my records, the alleged violation concerning Resident #1, the complete list of medications on this deficiency HAS signed doctors' orders dated 9-3-2013 upon arrival to this facility. The PCP has AGAIN reviewed her medications and signed off dated 5-18-2018. Having time to review my records, the alleged violation concerning Resident #2, the list of medications on this deficiency HAS signed doctors' orders as follows: ASA 81mg and Simvastatin 40mg, PCP signed 12/5/2014: Dysco-50mg/Oster Shell Calcium and Vitamin D 1000, PCP signed 5-26-2016 and Sertraline 50 mg PCP signed 3-25-2016. At EACH and every Doctors' Visit, the residents' medications are reviewed by their PCP and upon exiting the visit, a "SUMMARY OF TODAYS VISIT" report is supplied with the reviewed medication list ~ although not signed by physician. All residents' current medication lists have been reviewed by their PCP's and a signed document is in each residents file. Owners will continue to obtain signed PCP orders for our records. Verification dated 5-18-2018.		
R164 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on interview and record review the manager failed to assure staff that are administering medications have been delegated by the present RN now employed by the RCH. Findings include:	R164			

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NAME OF PROVIDER OR SUPPLIER FORTIER'S COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 127 BAILEY STREET BARRÉ, VT 05641
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R164	Continued From page 3 Per review of medication delegation documentation, the RCH staff presently administering medications have not been re-delegated to administer medications by the RN now contracted by the RCH. Per review of the RCH medication administration documentation and confirmed by the owner/manager, the present RN has not re-delegated the unlicensed staff the responsibility for the administration of specific medications for all 6 residents presently residing at the RCH. Presently the staff are administering medications under the license of the previous RN employed by the owner/manager who had delegated the RCH staff in the past.	R164		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not	R179	R164 RN has delegated the responsibility for administration of specific medications to all designated staff, RN will delegate all NEW staff, as necessary to dispense medication. Owners will monitor to insure compliance. Correction dated 6-1-2018 R179 Staff Services Training. Having time to review my records, the alleged violation concerning training is as follows: Our (year)12-month cycle commences from November 1 st to October 31 st , as to date we have 7.5 hours of training and will complete the 12hrs required by Oct 31, 2018. A plan is in place to include our part-time/per diem staff to complete the required 12hrs of training as well by Oct. 31, 2018. Our RN has supplied her completed list of over 12hrs of training for the period of 1-1-2017 to date. Owners will monitor to insure compliance of training. Verification and correction 6-1-18.	

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R179	Continued From page 4 limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to assure all staff providing any direct care to residents where provided and completed the required 12 hours of annual training. Findings include: Per review of training records for 2017 & 2018, provided by the owner/manager, the mandatory 12 hours of training had not been incorporated into the training that had been completed over the past 12 months for both owners/managers who provide direct care and part-time/per diem staff which are occasionally used to also provide direct care to the residents residing in the RCH.	R179		
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RCH failed to conduct criminal and abuse checks for all staff employed by the RCH. Findings include:	R190	R190 Criminal Records. For our RN and two part-time/per diem staff, a criminal and abuse check have been ordered and received with no criminal and/or abuse records. Owner will insure that all NEW staff will be screened before employment. Correction dated 6-1-2018	

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R190	Continued From page 5 Per review of the information provided by the owner/manager regarding mandated criminal checks and Child & Adult abuse checks, 2 part-time/per diem employees of the RCH and the contracted RN have not been screened to assure they are not on the abuse registries or have criminal charges that would impact the opportunity for employment. This was confirmed on the afternoon of 5/16/18 by the owner/manager.	R190		
R213 SS-D	<p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, a resident was not treated with consideration, dignity and respectful privacy for 1 applicable resident. (Resident #1)</p> <p>Per observation on the morning of 5/16/18 a resident was observed to have a sign attached to his/her walker directing the resident to change their underwear at specific times of the day. The sign also stated "do not remove this sign". The resident requires assistance from staff for personal hygiene and when using the bathroom. Per interview on the afternoon of 5/16/18 the owner/manager confirmed the use of the sign and stated the resident's family supported the sign. The owner/manager was informed mandating the</p>	R213	<p>R213 Residents Rights. Concerning Resident #1, family installed a sign on her walker, giving her a toileting schedule. I have removed the sign with family permission, to be considerate of residents' rights to dignity. A plan is in place to not allow family intervention and we have set up a toileting schedule. All staff will adhere to the schedule and owners will monitor the plan. Correction dated 6-1-2018.</p>	

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R213	Continued From page 6 resident to have such a sign on his/her walker lacked consideration of the residents own personal dignity and privacy and was a regulatory violation of this patient's rights.	R213			
R234 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on observation the RCH failed to post the current weeks menu in a public place for residents and other interested parties. Findings include: During a tour of the RCH kitchen on the morning of 5/16/18 the menu for the week was observed posted on the side of a cabinet which is in a location the owner/manager stated is "off limits" to the residents. The menu was not accessible to the residents residing at the RCH and if they had the opportunity to view the menu they would find the print to be small and difficult to read. There was no other location where the menu was posted.	R234			
R243 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.c. (2) Supplemental nourishment (snacks) shall be offered to residents before their hour of retiring and between meals.	R243			
			R234 Nutrition and Food Services. Our menu is now displayed in large print on the table in the dining room for all, public and residents to view. The menu will change daily and will be monitored by owners. Correction dated 6-1-2018.		

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STREET ADDRESS, CITY, STATE, ZIP CODE

FORTIER'S COMMUNITY CARE HOME

127 BAILEY STREET
BARRE, VT 05641

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R243	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on interview with the owner/manager and review of menus, there was minimal opportunity for supplemental nourishment (snacks) to be provided and offered to residents before the hour of retiring and in between meals. Findings include: Per observation and review of the weeks menu, the owner/manager failed to offer supplemental nourishment (snacks) to residents in between meals and prior to retiring. No snack or fluids were offered between breakfast and lunch and the menu reflected a "cookie" as possible evening snack. The owner/manager acknowledged nourishing snacks are often not offered in the evening because residents may be in bed despite the fact the residents evening meal is in the late afternoon around 4:30 PM and residents will not be provided any further opportunity for a snack until the following morning.	R243	R243 Nutrition and Food Services. We will provide supplemental nourishment (snacks) to residents between meals and prior to retiring for the night. Owner and all staff will be monitoring the availability of (snacks) to the residents throughout the day. Correction dated 5-17-2018.	